

CLAIMS ONLY							Application Number <i>D 157 945</i>	Filing Date		
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
2		/					52			
3		/					53			
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46		/					96			
47		/					97			
48		/					98			
49		/					99			
50	/						100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			